



Guide for On-Site Subcontractor Safety Plans

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Introduction

Subcontractors provide a variety of on-site services to LBNL including construction activities, building maintenance, testing, tree removal, and food services. Federal regulation 10 CFR 851 requires a written Worker Safety and Health Program (WSHP) to protect workers who are employed at a DOE facility. It also requires the Laboratory to flow down its requirements to subcontractors. This guide delineates WSHP requirements for subcontractors. (For specific information about the Laboratory's subcontractor construction safety program, refer to Chapter 10 of the PUB-3000.)

To ensure subcontractors meet the worker safety and health provisions of 10 CFR 851, LBNL requires subcontractors to have a written WSHP (safety plan). Additionally, LBNL may require subcontractors to submit their safety plan for review by the LBNL EH&S Division prior to performing work at LBNL.

Subcontractors who perform designated commercial services are exempt from submitting a written safety plan. These services include installation services, maintenance services, repair services, training services, and other services associated with commercial products. *Appendix A, Designated Commercial Service List* (DCS list) shows exempt services.

Basic Rules:

A subcontractor safety plan submittal will be required for on-site services that are not on the DCS list.

No subcontractor safety plan submittal or review will be necessary for the following:

1. Non-service items (lab supplies, etc.)
2. Off-site services (work at a non-DOE location)
3. Services on the DCS list

No subcontractor safety plan is required when subcontractor personnel are under direct supervisory control of Laboratory personnel [consultants, personal services agreements, contract labor, Intra University Transactions (IUTs), and other university agreements].

Requisition Processing:

A Laboratory Requester initiates the process of obtaining services from a subcontractor. A Requester is the end user who needs the service and can be anyone with an LBNL email address. An eProcurement (ePro) requisition is used to convey the requirement to Procurement. A [Requisition Preparer](#) creates the ePro requisition for the Requester. (Requisition Preparers are individuals who completed ePro training and have been granted access to the ePro system.) The Requester may give their requirement to the Requisition Preparer using the [ePro Requisition](#)

[Worksheet](#). The Requester describes the service requirement and indicates if it involves on-site services. The Requisition Preparer notes this on a special *Services* box on the ePro requisition.

Procurement Processing:

The value of the requisition's *Services* box will appear on the purchase order (PO) ModTable screen. The Procurement buyer will determine if the subcontract will be exempt from requiring a safety plan. Safety plans are not required when

1. Services are not on-site,
2. Services are on the DCS List, or
3. Workers are under direct supervisory control of Laboratory personnel.

When a safety plan is required, the buyer will:

1. Include the "Subcontractor Safety Management Plan" clause (see *Appendix D*) in the subcontract and
2. Send the subcontractor the *Non-construction Safety Management Plan Checklist*.
Note: A completed *Non-construction Safety Management Plan Checklist* is considered equivalent to a Safety Management Plan for the scope of work as described in the requisition or subcontract.

The subcontractor will fill-in the safety plan checklist and return it to the buyer, who will forward the completed checklist to EH&S.

Only services exempt from safety plans may be ordered using a PCard.

EH&S Review of Subcontractor Safety Plan:

In California, a detailed Injury and Illness Prevention Plan (IIPP), as required under Cal/OSHA Regulation, Title 8, Sections 3203, General Industry, which addresses risks involved in an operation, is deemed adequate by EH&S. Cal/OSHA web site http://www.dir.ca.gov/dosh/dosh_publications/iipp.html lists the IIPP requirements. If appropriate and requested, drawing and installation plans should be included as part of the subcontractor's submittal. EH&S has three business days to comment and concur with the plan after receipt. Using either electronic communication or written correspondence, as deemed appropriate and convenient for both parties, EH&S will direct comments to the Requester, subcontractor, and/or Procurement. Once EH&S approves the safety plan, Procurement will issue *Notice to Proceed* to the subcontractor determined to require a safety plan.

Urgent Requirements:

For an urgent service requisition that may require a safety plan, contact EH&S by phone to obtain approval. For after-hour emergency services, the Requester must inform EH&S as soon as practicable by the next business day.

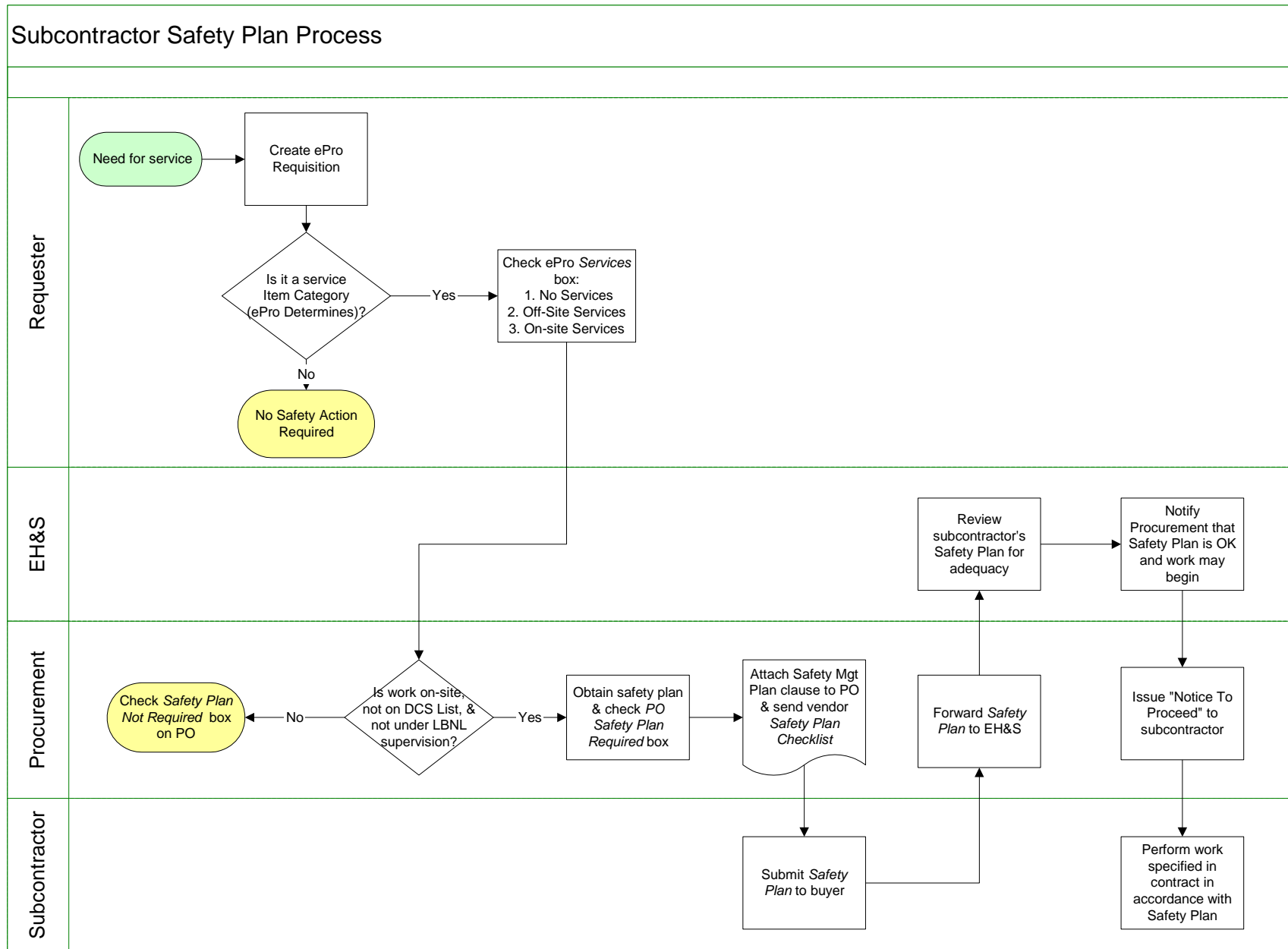
Appendices:

Appendix A, Designated Commercial Service List
Appendix B, Subcontractor Safety Plan Flowchart
Appendix C, [ePro Requisition Worksheet](#)
Appendix D, Subcontractor Clauses
Appendix E, Non-Construction Safety Management Plan Checklist

Appendix A, Designated Commercial Services List

1. Installation, maintenance, repair, training, and other services associated with commercial products when no facility modifications are required.
 2. Installation, repair or maintenance of non-contaminated autoclave equipment
 3. Computer repair or installation of small desktop workstations
 4. Copy machine repair, installation, or maintenance
 5. Database services
 6. Furniture assembly, installation (excluding partitions), and design consultation
 7. Installation, repair or maintenance of desktop non-contaminated medical and analytical equipment
 8. Installation, repair and/or maintenance of high performance computing peripheral items, commonly known as “plug and play”, which include servers, modems, storage devices, adapter cards, disks, video delivery electronics, or other off the shelf components that need to be plugged into a wall circuit or other equipment in order to function.
 9. Installation, repair and maintenance of household-like appliances and equipment
 10. Interpreting services
 11. Laundry pick-up services
Does **not** include:
 - Articles with toxic, biohazardous or radioactive contamination
 12. Non-hazardous garbage pick-up
 13. Meetings
 14. Parcel delivery services
 15. Photographic equipment installation, repair or maintenance
 16. Small office equipment installation, repair or maintenance
 17. Software maintenance or installation
 18. Training, if no industrial or chemical hands-on activity is required
 19. Translating services
 20. Water delivery service
 21. Services when subcontractor personnel are under direct supervisory control of LBNL personnel [consultants, personal services agreements, contract labor, Intra University Transactions (IUTs), and other university agreements]
- General Exclusions:
- * No vendor use of cranes or forklifts with any of these services.
 - * No electrical work involving >240V or >10 J stored energy.
 - * No contractor work involving asbestos or lead.

Appendix B, Subcontractor Safety Plan Flowchart



Appendix C



LBNL eProcurement Requisition Worksheet

Fill-in this form and give it to a PRP Requisition Preparer to enter into the eProcurement system.

Request Defaults	Procurement Use Only
Requester Name: <input type="text"/>	Order No. <input type="text"/>
Requisition Name (Div Ref.): <input type="text"/>	Requisition No. <input type="text"/>

Settings (Requisition Defaults)

Line Defaults	
Vendor:	<input type="text"/>
<input checked="" type="checkbox"/> PCard Suggested	(Check for Requisitions <= \$10K that are not restricted items)
Buyer:	<input type="text"/> (Leave blank unless a buyer asked you to enter their name)
Ship To (other than 69):	<input type="text"/>
Location (Bldg/Rm):	<input type="text"/>
Due Date:	<input type="text"/>
Category (default):	<input type="text"/> Unit of Measure (default): <input type="text"/>
Approver:	<input type="text"/>

Distribution Defaults
Project ID: <input type="text"/>

Requisition Summary / Special Request (Item Details)			
<input type="checkbox"/> Sole Source Flag	Reason:	Services:	GFP/SAP:

1 Description: (Enter item description, project splits, new vendor, and other comments)

<input type="text"/>			
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Qty:	Unit Price:	Unit of Measure:	Category:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2 Description:

<input type="text"/>			
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Qty:	Unit Price:	Unit of Measure:	Category:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3 Description:

<input type="text"/>			
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Qty:	Unit Price:	Unit of Measure:	Category:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Appendix D, Subcontractor Clauses

(The following clause is already included in all General Provisions.)

WORKER SAFETY AND HEALTH

(Applicable when the subcontract involves work to be performed on a University or Government site.)

Subcontractor and its lower-tier subcontractors shall comply with the Department of Energy's Worker Safety and Health Program regulation, 10 CFR 851, which enforces worker safety and health requirements including, but not limited to, standards of the Occupational Safety and Health Administration as incorporated in the LBNL Worker Safety and Health Program at <http://www.lbl.gov/ehs/pub3000/>. Violations of safety and health provisions of 10 CFR 851 may subject Subcontractor and its lower-tier subcontractors to penalties. Subcontractor and its lower-tier subcontractors shall also follow the provisions of its Cal/OSHA mandated Injury and Illness Prevention Plan (IIPP) or equivalent and all LBNL safety procedures and policies communicated to the Subcontractor.

(The following clause is to be inserted in subcontracts for on-site when a safety plan is required)

SUBCONTRACTOR SAFETY MANAGEMENT PLAN

Subcontractor shall comply with DEAR 970.5223-1, Integration of Environment, Safety, and Health into Work Planning and Execution. Upon award of the Subcontract, Subcontractor shall submit a copy of the Subcontractor's Injury and Illness Prevention Plan (IIPP), also known as Safety Management Plan, for University review and approval. Subcontract work may not begin at the LBNL site until approval of the plan has been given by the University. The Safety Management Plan shall satisfy, as a minimum, the requirements for the IIPP required by Cal-OSHA General Industry Safety Orders §3203. University approval of this plan shall be considered as meeting DOE requirements for Integrated Safety Management. University approval of the plan is not an endorsement of the adequacy of the plan for protecting Subcontractor's employees from all occupational injuries and illness cases. Assuring the safety and health of Subcontractor's employees shall at all times remain the responsibility of the Subcontractor.

The Subcontractor may not commence any work performed at a location other than a Subcontractor or lower-tier subcontractor facility until the University issues a written Notice to Proceed. The Subcontractor may proceed with all other work authorized or required by the Subcontract in preparation for performing the work on-site. The University will not issue the Notice to Proceed until the Subcontractor has submitted, and the University has accepted, the Safety Management Plan.



Appendix E - Non-Construction Safety Management Plan Checklist

To be completed by Procurement

Requisition Number	PO Number
Requester	Buyer

To Be Completed by Subcontractor/Vendor

Submission of this completed form is a prerequisite for issuance of the Notice to Proceed.

Instructions: Complete this form for all on-site contracted work and return it to Berkeley Lab Procurement. Identify all hazards that could be present in your scope of work. If a box is checked "Yes", then additional documentation may be required. If you have any questions in filling out this document, please contact Bill Wells at (510)486-6325. The completed checklist is equivalent to a Safety Management Plan for this scope of work and constitutes subcontractor submission of an Injury and Illness Prevention Plan (IIPP).

Date Prepared				
Estimated start time and length of job				
Subcontractor		Phone		Cell Phone
Prepared By		Phone		Cell Phone
Subcontractor Point of Contact		Phone		Pager
Scope of Work				
Job Location (Bldg. No.) /Site				

1. ☐ Yes ☐ No **Facility Modification** – Does the scope of your job include any modifications to our facility? If so, describe below.

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2. ☐ Yes ☐ No **Utilities Shut-Off**
Does the work involve shutting off any electrical circuits, water, gas, or steam valves, or other utilities? If so, specify which utilities are to be shut off.

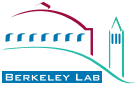
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Describe the hazards involved and how you will protect the worker.

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And, provide written policy and procedure to be followed to perform lockout and tagout operations. See LBL EHS manual, Chapter 18 for minimum requirements (<http://www.lbl.gov/ehs/pub3000/CH18.html>).

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Appendix E - Non-Construction Safety Management Plan Checklist

3. ☐ ☐

Electrical Work

Will work be performed on any electrical component or equipment (i.e., work involving installation, demolition, modification or testing and analysis of electrical equipment or conductors)? If so, describe below

Describe the hazards involved and how you will protect the worker.

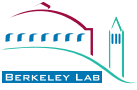
Will your work be performed near any open or exposed electrical energized equipment or energized circuits (greater than 50 volts)? If so, describe below.

Describe the hazards involved and how you will protect the worker

4. ☐ ☐

Personal Protective Equipment – Does the scope of the work involve hazards that require the use of any of the protective equipment listed below?

<input type="checkbox"/>	Safety Glasses	Describe eye hazard.	Describe how you will protect the worker.
<input type="checkbox"/>	Ear plugs or ear muffs	Describe noise hazard.	Describe how you will protect the worker Attach your hearing conservation program.
<input type="checkbox"/>	Steel toes shoes	Describe foot hazard.	Describe how you will protect the worker.
<input type="checkbox"/>	Gloves	Describe hand hazard	Describe how you will protect the worker.
<input type="checkbox"/>	Respirators,	Describe airborne hazard.	Describe how you will protect the worker. <u>Attach:</u> Respiratory Protection Plan Medical Release Quantitative Test Fit Test Records Training Records
<input type="checkbox"/>	Electrical personal protective equipment	Describe the electrical hazard.	Describe how you will protect the worker.
<input type="checkbox"/>	Other personal protective equipment	Describe the hazard.	Describe how you will protect the worker.



Appendix E - Non-Construction Safety Management Plan Checklist

5.

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Fall Protection – Will you be working at heights above 6 feet and within 15 feet of an unprotected edge? If so, describe the work which will require fall protection.

Describe the hazards involved and how you will protect the worker.
6.

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Fire Protection/Prevention – Will your work include the use of open flames such as torches, welders, grinders, tar pots or any other tool or process/procedure that could cause sparks or open flames? Will work be performed near combustible storage containers? Describe below.

Describe the hazards involved and how you will protect the worker.
7.

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Refrigeration Repair or Maintenance – Will your work include work on chillers? If so, describe below.

Describe the hazards involved and how you will protect the worker.
8.

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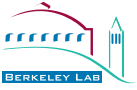
Power & Hand Tool – Will your work require the use of dangerous power and hand tools, e.g.; circular saws, axes, chisels, etc.? If so, list the tools and describe their use below.

Describe the hazards involved and how you will protect the worker.
9.

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Hazard Communication/Toxic Substances – Will the scope of your work require the use of hazardous substances? If so, check all that apply below and include requested information.

<input type="checkbox"/>	Chemicals or chemical related products	<ul style="list-style-type: none">List materials or products, attach material safety data sheets.Describe the process involving the chemicals.Describe hazards involved and how you will protect the worker.Attach your Hazard Communication Program.
<input type="checkbox"/>	gases	<ul style="list-style-type: none">List gases, including quantities, attach material safety data sheetsDescribe the process involving the gases,Describe how you will protect the workerAttach your Hazard Communication Program.



Appendix E - Non-Construction Safety Management Plan Checklist

<input type="checkbox"/>	Biological materials	<ul style="list-style-type: none">List all biologicalsDescribe the working involving the biologicalsDescribe how you will protect the worker.Attach your biosafety program.
<input type="checkbox"/>	Flammable materials, including flammable adhesives and glues	<ul style="list-style-type: none">List materials, attach material safety data sheets.Describe the work involving the flammables.Describe how you will protect the worker.Attach your Hazard Communication Program.
<input type="checkbox"/>	Radioactive materials or radiation generating devices > Class1	<ul style="list-style-type: none">List all materials/devicesDescribe the work involving radioactive materials or radiation generating devices.Describe how you will protect the worker.Attach your radiation protection program.

10. ☐ ☐ **Excavation of Ground Surfaces and Penetration of Existing Concrete Structures** – Will the scope of your work require you to perform any mounting to walls or penetration (including chipping) into the ground, walls, floors, sub floors, and/or any excavation, trenching, including the use of stakes or poles? Describe including the depth of the penetration.

Describe the hazards involved and how you will protect the worker.

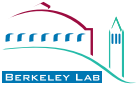
11. ☐ ☐ **Confined Space Entry** – Will the scope of your work require you to be working in a confined space (including manholes) where combustible, toxic, or other hazardous materials are present.

Describe the hazards involved and how you will protect the worker.

Attach your Confined Space Program.

12. ☐ ☐ **Lead Paint Removal** – Will the work involve sanding, grinding, scraping, brazing, welding, or otherwise disturbing painted surfaces in such a way that particles may become airborne? If so, describe the scope of work you will be performing that disturbs the lead.

Describe how you plan to control the spread of airborne lead and protect the worker.



Appendix E - Non-Construction Safety Management Plan Checklist

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Painting Walls – Does the scope of your work include sanding walls and/or ceilings or washing of exterior walls (There is a potential for disturbing lead or asbestos)? If so, describe.

Describe the hazards involved and how you will protect the worker.

14.

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Asbestos – Will the subcontractor work with asbestos? Is so, describe the scope of your work that will involve removing the asbestos, how much asbestos your will be removing.

Describe the hazards involved and how you will protect the worker.

Attach your asbestos program.

15.

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Lasers – Will you be working on Class 3B or Class 4 lasers or microwave sources greater than 5 mW/cm2, including warranty work. If so, describe your scope of work.

Describe the hazards involved and how you will protect the worker.

Attach your laser safety program.

16.

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Radiation Safety – Will radiography be performed or radioactive materials or ionizing radiation sources be used? If so, describe the hazards below and how you will protect the worker.

17.

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Other – Identify any other hazard associated with this job and the controls you are planning on using to protect the worker.